

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
 290 Broadway-21st Floor
 New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification 2/15/17
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: SUNY Purchase			
Address: 735 Anderson Hill Road			
City: Purchase	State: NY	ZIP: 10577	
Contact: Robert Dignelli		Tel: 914-403-7483	
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: John Tardy		Tel: 718-605-6256	
Address:			
OTHER OPERATOR:			
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbestos Removal Only			
IV. IS ASBESTOS PRESENT? (<u>Yes</u> / <u>No</u>): yes			
V FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building: SUNY Purchase Campus Plaza			
Address: 735 Anderson Hill Road			
Address:			
City: Purchase	State: New York	County: Westchester	
Site Location: Various Locations			
Building Size	SqMeter:	SqFt: 500,000	# of Floors: Age in Years 40+
Present Use: School		Prior Use: School	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed Category II	Non-friable Asbestos Material not to be removed Category I	
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet	7375		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 06/09/14 Completion: 05/01/15			
X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Methods.		
XII. WASTE TRANSPORTER #1		
Name: Express Waste Services Inc		
Address: 614 Frelinghuysen Avenue		
City: Newark	State: New Jersey	ZIP: 07114

Contact Person:		Telephone:
WASTE TRANSPORTER #2		
Name: JVN Restoration Inc.		
Address: 47 Foster Road		
City: Staten Island	State: NY	ZIP: 10309
Contact Person: John Tardy		Telephone: 718-605-6256

XIII. WASTE DISPOSAL SITE		
Name: Minerva Enterprises Inc		
Address: 8955 Minerva Rd SE		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW	
Name: N/A	Title:
Authority:	
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS	
Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:	

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

	John Tardy	05/28/2014
Signature of Owner/Operator	Project Manager	Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

	John Tardy	05/28/2014
Signature of Owner/Operator	Project Manager	Date